COMPANY ADDRESS NAME

TEL :

FLEXXO®

Your 1stop Office Partner

ORDER FORM

No.	Item	Quantity	Unit Price (RM)	Amount (RM)
			TOTAL:	

I would like to receive latest update or newsletter from FLEXXO . YES / NO

Payment for this order on delivery. CASH / CHEQUE / CREDIT CARD / ONLINE TRANSFER / TERM (IF APPROVED)

Ordered by : _____

Signature : _____

Date : _____

OFFICE USE ONLY

Received by: _____

Invoice No : _____

Issue Date : _____

To Order please call:
082. 240 115

Fax :
082. 258 117

Email :
order@flexxo.com.my